RELEASE OF SUPPLIER INFORMATION

	DATE:	
Supplier Name:		
ADDRESS:		
CONTACT PERSON:	TELEPHONE:	
l,	hereby authorize the release of information	l
(contractor)		
related to my business accounts with this su	upplier.	
	Cignoturo	
	Signature	
	Acct. #'s:	

TO BE COMPLETED BY SUPPLIER

Type of Account: (i.e. charge, etc.)		Balance Owed
Comments:		
Signature Supplier Official	Title	Date

City of Hartford | Planning Division | Development Services Department 250 Constitution Plaza, 4th Floor | Hartford, Connecticut 06103 | (860) 757-9041